

NASHS**NATIONAL ADOLESCENT STUDENT HEALTH SURVEY**

AMERICAN SCHOOL HEALTH ASSOCIATION
ASSOCIATION FOR THE ADVANCEMENT OF HEALTH EDUCATION
SOCIETY FOR PUBLIC HEALTH EDUCATION

A COOPERATIVE AGREEMENT
WITH THE AMERICAN ALLIANCE
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**NATIONAL SURVEY REVEALS TEEN BEHAVIOR, KNOWLEDGE
AND ATTITUDES**

ON HEALTH, SEX TOPICS

First Survey Since 1960's

Indicates Need for Comprehensive Health Education

Reston, VA (August 9) -- Results of the first national survey in more than 20 years to determine the behavior, knowledge and attitudes of our nation's teens on health and sex related issues will be announced at a press conference Tuesday, August 9, 10 a.m., at the National Press Club in Washington, D.C. The survey was sponsored by three prominent groups involved in health education and funded by the U.S. Department of Health and Human Services.

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Results of the National Adolescent Student Health Survey (NASHS) indicate that there is a need to be concerned because teens are not making the proper health decisions. America's youth are faced with difficult decisions regarding their health and if not properly informed, many of the decisions they make could put them at increased health risk. The survey reveals that the country's teens need to be more knowledgeable to be able to make the right decisions.

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The NASHS survey, which questioned more than 11,000 eighth and tenth graders nationwide, revealed startling data on how much teens know about AIDS and other sexually transmitted diseases; behavior related to violence, suicide and injury prevention; and the prevalence of alcohol, drug and tobacco use. In all, the survey addressed eight health topic areas: AIDS, injury prevention, violence, suicide, alcohol, drug and tobacco use, sexually transmitted disease, consumer health, and nutrition.

"The survey results generally are encouraging, but they also are somewhat dismaying," said Dr. Robert E. Windom, Assistant Secretary for Health, who heads the U.S. Public Health Service.

"The results give us fresh insight concerning what our nation's teenagers know and how they act concerning health and sex related issues -- but they also show that too many young people, even when they know better, don't always make the right health decisions."

"Without question, this up-to-date information should contribute to the improvement of the quality of comprehensive school health education programs. And I believe it also will prove valuable in our efforts to establish new national health goals for the coming years," Dr. Windom said.

Highlights of the Survey

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Regarding AIDS, 93 percent of those surveyed knew that the disease is transmitted by sexual intercourse and 91 percent knew it was transmitted by drug needles. They also reported knowing that condoms are an effective way to avoid AIDS, and believed they should be used. However, there are several significant misconceptions about the disease within this group: many mistakenly believe that blood transfusions are a common way to get AIDS; almost half believe that there is an increased risk of AIDS when donating blood; and more than half believe that washing after sex reduces the chance of being infected with the AIDS virus. Many teens believe that having sex is acceptable with a steady partner for people their age. In addition, 82 percent reported knowing that there is an increased risk of AIDS by having more than one sex partner.

Regarding sexually transmitted diseases (STD), many adolescents do not know how to avoid getting STD, nor can they identify common early signs of STD. In addition, more than one-third (38%) of adolescents would not know where to go for medical care should they contract an STD.

Unintentional injuries constitute the leading cause of death for young persons ages 15-25. The survey found that most adolescents put themselves at risk for injury in automobiles by not wearing seatbelts (56%), and by riding in cars when the driver has been drinking (39%). In addition, most of those surveyed who ride a bicycle or motorcycle do not wear protective gear.

Suicide is the second leading cause of death for American youth ages 15 to 24. The survey revealed that suicide is a serious problem with today's teens, with one out of every seven adolescents reporting having attempted suicide. In addition, almost two-thirds of adolescents report that it would be hard for them to obtain help for a friend who was talking about suicide.

Although other surveys indicate that the prevalence of alcohol, drug and tobacco use with teens has declined in recent years, the NASHS survey reveals that use remains a serious problem with today's teens. The survey revealed that more than half (51%) of eighth graders and two-thirds (63%) of tenth graders reported having tried cigarettes, and 80 percent of teens reported having tried alcoholic beverages. About one-third reported having five or more drinks on one occasion during the past two weeks.

Adolescents age 12-19, particularly males, have the highest victimization rates for crimes of violence. The NASHS

survey revealed that 39 percent of teens surveyed indicated they had been in a fight in the past year. More than one-third of the students (34%) report that someone threatened or hurt them, 14 percent report having been robbed, and 13 percent report having been attacked while at school or on a school bus during the past year. One-third of the students (33%) report that someone threatened to hurt them, 15 percent report having been robbed, and 16 percent report having been attacked while outside of school during the past year. In addition, both boys and girls said that weapons were accessible to them, with nearly one-fourth of boys reporting carrying a knife to school at least once in the past year.

(See factsheets in press kit for detailed results on each topic area.)

Sponsoring Organizations

The U.S. Public Service's Office of Disease Prevention and Health Promotion provided the principle funding for the National Adolescent Student Health Survey. The survey was implemented by the three leading national organizations concerned with health education: the American Alliance for Health, Physical Education, Recreation and Dance/Association for the Advancement of Health Education; the American School Health Association; and the Society for Public Health Education, Inc. The survey was designed and implemented by IOX Assessment Associates, Los Angeles, California.

AIDS

Factsheet

Thousands of adolescents are at risk of contracting the human immunodeficiency virus that causes AIDS because they engage in risky sexual behaviors or drug use, or both.

Currently, one fifth of the people with AIDS are in their 20s; many who may have been exposed to the virus in their teens. Furthermore, many adolescents, regardless of their personal risk, are likely to be affected by the disease by having friends or family members who become infected.

MOST ADOLESCENTS KNOW THAT AIDS IS TRANSMITTED BY SEXUAL INTERCOURSE AND DRUG NEEDLES.

- More than 9 out of every 10 students (94%) know that there is an increased risk of AIDS from having intercourse with someone who has the AIDS virus.
- About 9 out of every 10 students (91%) know that there is an increased risk of AIDS by sharing drug needles.
- Approximately eight out of every 10 students (82%) know that there is an increased risk of AIDS by having more than one sex partner.

MOST ADOLESCENTS KNOW THAT CONDOMS ARE EFFECTIVE IN AVOIDING AIDS AND BELIEVE THEY SHOULD BE USED.

- More than eight out of every 10 students (86%) know that condoms are an effective way to reduce the risk of being infected with the AIDS virus.

- About 9 out of every 10 students (91%) agree that people their age should use condoms if they have sex.

MANY ADOLESCENTS HAVE SOME MISCONCEPTIONS ABOUT AIDS.

- Seven out of every 10 students (71%) mistakenly believe that blood transfusions are a common way to get AIDS today.
- Almost half of the students (47%) mistakenly believe that there is an increased risk of AIDS when donating blood.
- About half of the students (51%) are either unsure or mistakenly believe that washing after sex reduces one's chances of being infected with the AIDS virus.

MANY ADOLESCENTS BELIEVE THAT SEX IS ACCEPTABLE WITH A STEADY PARTNER.

- More than 9 out of every 10 girls (94%) and three-fourths of the boys (76%) believe it is acceptable to "say no" to having sex.
- More boys (62%) than girls (43%) believe it is acceptable for people their age to have sex with someone they have dated for a long time.
- More boys (18%) than girls (4%) believe it is acceptable for people their age to have sex with several different people.

Affected Population

AIDS is now known to be caused by a virus. As of September 7, 1987, AIDS had been diagnosed in 11,735 Americans of whom 24,019 had died according to the Centers for Disease Control in Atlanta, GA. The population at highest risk for AIDS comprises homosexual or bisexual males. Other high risk populations include past or present intravenous drug abusers, blood transfusion or blood product recipients, including hemophiliacs, female sexual partners of bisexual males or IV drug abusers, or women who themselves are IV drug abusers, and children whose parents are in one of the other risk groups. Most cases have occurred in the United States, but several hundred cases have been reported from Europe, the Caribbean, and Africa. Although there is a high incidence of AIDS in Haiti, Haitians in United States are no longer considered to be a risk category of individuals. It is possible that the disease originated in central Africa.

Acquired Immune Deficiency Syndrome can no longer be regarded as a disease restricted to certain populations. However, major cities seem to have higher numbers of reported cases. Nationally, 4 in 10,000 persons are affected, with thirteen men to one woman contracting this disorder. In Manhattan (New York City), there are 286 cases for every 10,000 persons. These statistics are based on data from blood banks. The uninfected partner of a person with AIDS will have a forty to fifty percent chance of contacting the disease.

Etiology

AIDS is caused by a Human T-cell Leukemia Virus, known as HIV or human immunodeficiency virus (previously the virus was referred to as HTLV-III). Its transmission is not well understood, but is probably via the introduction into the body of fluids from an infected person, i.e. via blood transfusions, sharing of contaminated needles, and intimate sexual contact, but apparently not via saliva. About 55% of the homosexual population in certain communities have been found to have antibodies to HIV, suggesting that, although exposure to it has been widespread, some other cofactors may be necessary for AIDS or

its illnesses to develop. Possible cofactors include genetic predisposition and coinfection by other viruses. These viruses are also linked with many of the cancers associated with AIDS. One such virus, cytomegalovirus, for example, is suspected to be responsible for Kaposi's sarcoma.

Kaposi's sarcoma, immunologic evidence of exposure or infection with HIV, and AIDS-like syndromes are exceptionally common among both sexes in central Africa, and it has been suggested that the disease originated there.

At an October, 1986, AIDS conference at Montefiore Medical Center in New York, researchers reported the proportion of American AIDS cases clearly traced to heterosexual intercourse is two percent, up from one percent in earlier years of the epidemic. Intravenous drug addicts and their sex partners are the primary sources of AIDS infection among heterosexuals. Four out of five cases reported among this group are women. Among immigrant cases in this country, the proportion attributed to heterosexual contact is four percent. Three percent of cases seem to have no explained cause, but there are questions as to accurate admission by these patients of past drug use and/or sexual practices.

In New York City, as of Sept. 15, 1986, only two percent of AIDS cases were attributed to heterosexual contact. Eighty percent of these patients are black or Hispanic. Data from blood donors screened from April through December, 1985 in New York City revealed 0.08 percent had antibodies to the AIDS virus, a sign of infection. Further investigation revealed that ninety percent of those with the virus had homosexual or drug experience, or a sex partner who did. In only eleven cases, could the source of infection not be identified.

In tests of military applicants in New York City from October, 1985 through July 1986, 1.06 percent of men and 0.83 percent of women had evidence of AIDS infection. Most of these infections could be traced to homosexual contact or drug use and the proportion attributed to heterosexual relations was "minor." Growing statistics support the conclusion of some researchers that the passage of the AIDS virus from female to male during intercourse is extremely rare.

However, two new studies on risks of unprotected intercourse with a virus carrier have raised some puzzling questions. One study found that half or more of steady, long-term heterosexual partners of AIDS patients with no other possible exposure, were also infected. The virus seemed to pass as readily from women to men as the reverse, and ordinary vaginal intercourse was a sufficient means.

Sixteen AIDS patients in one of these studies continued to have unprotected intercourse from one to three years. Thirteen of their partners became infected, for a transmission rate of over eighty percent. Of twelve AIDS patients and their partners who continued having sex but used condoms, the infection spread in only two cases. This low rate of transmission seems disturbing given the presumed safety of condoms. In both of the latter cases, the virus spread from man to woman. Oral sex involving semen discharges might be to blame.

Some studies find inconsistent rates of sexual spread of the AIDS virus depending on how the first partner became infected. The virus was passed through intercourse far more readily from drug abusers than from people exposed by contaminated blood products in one study. Another study indicated that rates of infection may vary among individuals or in the same person over time. Available evidence indicates that the likelihood of viral transmission in a single heterosexual encounter is "less than one percent." Scientists suspect that the virus spreads more easily in anal intercourse, which more often involves tearing of tissue that would aid the entry of the virus into the bloodstream. For anyone having sex with multiple partners, the danger of infection with the AIDS virus is rising dramatically.

Recent evidence suggests that the AIDS virus can live in insect hosts such as mosquitoes and other blood-sucking insects. However, there is no evidence that these insects can transfer the virus to humans. To date, no case of AIDS has been linked to an insect bite in the United States.

Therapies: Standard

The treatment of choice for AIDS (Acquired Immune Deficiency Syndrome) is the Orphan Drug Zidovudine, Brand name Retrovir (formerly known as azidothymidine or AZT). The drug appears to halt the progression of AIDS (and in some cases allows the immune system to rebuild itself) by inhibiting production of an essential enzyme that is necessary for the AIDS virus to reproduce itself. (A \$30 million emergency fund to help low-income AIDS patients buy AZT, has been established by the Health Resources and Services Administration. Eligibility will be determined by states; for more information, call (800) 843-9388.)

The primary treatment for AIDS is prevention. Use of condoms and changes in sexual behavior are recommended. Promiscuous sex may increase the likelihood of contracting AIDS. Many of the infections associated with AIDS respond to antibiotic, antifungal, etc., treatment, although recurrences are very common. Kaposi's sarcoma, as well as other neoplasms occurring in AIDS, respond to chemotherapy.

Among the precautions against contracting or spreading AIDS recommended by the Public Health Service are the following:

- 1) Sexual contact with persons known or suspected to have AIDS should be avoided. Multiple sex partners increase the probability of developing the disease.
- 2) No members of high risk groups should donate blood or blood products.
- 3) Blood transfusions should only be performed when absolutely necessary.
- 4) Screening procedures for plasma or blood likely to transmit AIDS have been developed, and safer blood products for hemophilia patients.

5) Health care personnel, laboratory workers, and others in frequent contact with AIDS patients should take great care to avoid wounds from contaminated needles and similar sharp objects, and contact with blood soiled materials.